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**CERTIFICATE OF FACSIMILE TRANSMISSION
UNDER 37 CFR §1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted on the date indicated below via facsimile to the United States Patent and Trademark Office, facsimile number (571) 273-8300.

Date: 03-24-06Marianne Boland
Marianne Boland

In Re Application of:

Henderson

Confirmation No.: 2375

Serial No.: 09/407,149

Group Art Unit: 2684

Filed: September 28, 1999


Examiner: Orgad, Edan

For: **Local Area Internet Radio Receiver/Transmitter**

Docket No. 050324-1210

**Amendment Transmittal Letter
Response to Office Action****Total Pages Transmitted (including cover sheet) – 12****BEST AVAILABLE COPY**

MAR 24 2006

AMENDMENT TRANSMITTAL LETTER (LARGE)				Docket No. 050324-1210	
Applicant(s): Henderson					
Serial No. 09/407,149	Filing Date 09-28-99	Examiner Orgad, Edan	Confirmation No. 2375	Group Art Unit 2684	
Invention: Local Area Internet Radio Receiver/Transmitter					
Commissioner for Patents Mail Stop AF P.O. Box 1450 Alexandria VA 22313-1450					
Transmitted herewith is Response to Office Action in the above-identified application.					
The fee has been calculated and is transmitted as shown below					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	24 =	0	X \$50.00	\$0
INDEP. CLAIMS	3 -	3 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$0
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0
<input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> A Credit Card Payment Form PTO-2038 is attached in the amount of \$_____ <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.					
 Charles W. Griggers, Reg. No. 47,283			3-24-06 <i>ewg</i> Date		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

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RESPONSE TO OFFICE ACTION

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

The outstanding final Office Action mailed January 30, 2006 has been carefully considered. In response thereto, please consider the following amendment and remarks.

AUTHORIZATION TO DEBIT ACCOUNT

It is believed that no extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account no. 20-0778.